

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																															
1 Date of Request: _____		2 Serial/Patent # <u>10/518085</u>																																																													
3 Please refund the following fee(s): <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%; text-align: center;">1</td><td style="width: 10%; text-align: center;">12/15/04</td><td style="width: 10%; text-align: right;">\$ 100</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	1	12/15/04	\$ 100	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 20%; padding: 5px;">5 DATE FILED</td> <td style="width: 30%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td colspan="3" style="padding: 5px;">7 TOTAL AMOUNT OF REFUND</td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: right;">\$ 100</td> </tr> </table>				4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	7 TOTAL AMOUNT OF REFUND			\$ 100		
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10. REASON: <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 95%;">Treasury Check</td></tr> <tr><td></td><td>Credit Deposit A/C #:</td></tr> <tr><td style="text-align: center;">9</td><td style="border: 1px solid black; padding: 2px;">1 1 -- 1 8 3 5</td></tr> </table>			Treasury Check		Credit Deposit A/C #:	9	1 1 -- 1 8 3 5																																																
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11 REFUND REQUESTED BY: _____																																																															
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>																																																													
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140</u>																																																													
OFFICE: <u>PCT</u>																																																															
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																															
APPROVED: _____		DATE: _____																																																													

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PATENT APPLICATION SERIAL NO. 10/518085

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

12/22/2004 SNAJARRO 00000085 10518085

01 FC:1631	300.00 OP
02 FC:1632	500.00 OP
03 FC:1633	200.00 OP

06/03/2005 AJOHNS02 00000008 10518085

01 FC:1642

400.00 OP

Repln. Ref: 06/03/2005 AJOHNS02 0012232400
DAH:111835 Name/Number:10518085
FC: 9204 \$100.00 CR

02 FC:1632

-500.00 OP

PTO-1556
(5/87)